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Aboriginal Peoples Survey, 2006: Inuit Health and Social Conditions

by Heather Tait

Social and Aboriginal Statistics Division
Jean Talon Building, 7th Floor, 170 Tunney's Pasture Driveway
Ottawa, Ontario K1A 0T6

Telephone: 613-951-5979

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.	not available for any reference period
..	not available for a specific reference period
...	not applicable
0	true zero or a value rounded to zero
0^s	value rounded to 0 (zero) where there is a meaningful distinction between true zero and the value that was rounded
^{p}	preliminary
^{r}	revised
x	suppressed to meet the confidentiality requirements of the *Statistics Act*
^{E}	use with caution
F	too unreliable to be published

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Highlights

- Half of Inuit adults aged 15 and over (50%) stated that their health was excellent or very good, down from 56% in 2001.
- Inuit adults were less likely (56%) than those in the total Canadian population (79%) to have contact with a medical doctor like a family doctor or specialist.
- The most commonly reported diagnosed chronic conditions among Inuit adults were arthritis/ rheumatism (13%) and high blood pressure (12%). For Inuit children aged 6 to 14, they were ear infections (15%), allergies (10%) and asthma (7%).
- In 2006, the percentage of Inuit smoking daily (58%) was over three times that of all adults in Canada (17%).
- Just over six in 10 Inuit children aged 6 to 14 were reported to have received dental treatment in the previous year.
- Growing numbers of Inuit are moving on to post-secondary studies but many do not finish elementary/ high school. About one quarter of Inuit women said they did not finish because of pregnancy or looking after children. Main reasons given by Inuit men included wanting to work (18%), boredom (18%) and having to work (14%).
- Over half of Inuit children (aged 6 to 14) had attended an early childhood development program. Of these, 59% attended a program designed specifically for Aboriginal children.
- Three in 10 Inuit children aged 6 to 14 were reported by their parents to have experienced being hungry at some point in their lives because the family had run out of food or money to buy food.
- In Inuit Nunaat, the Inuit homeland, the majority of Inuit men and women of all ages had harvested country food – that is, food from the land and sea such as seal, caribou, fish, whale, etc.
- Country food makes up a large percentage of the fish and meat eaten by many Inuit families across Inuit Nunaat and is widely shared with others in the community.

Introduction

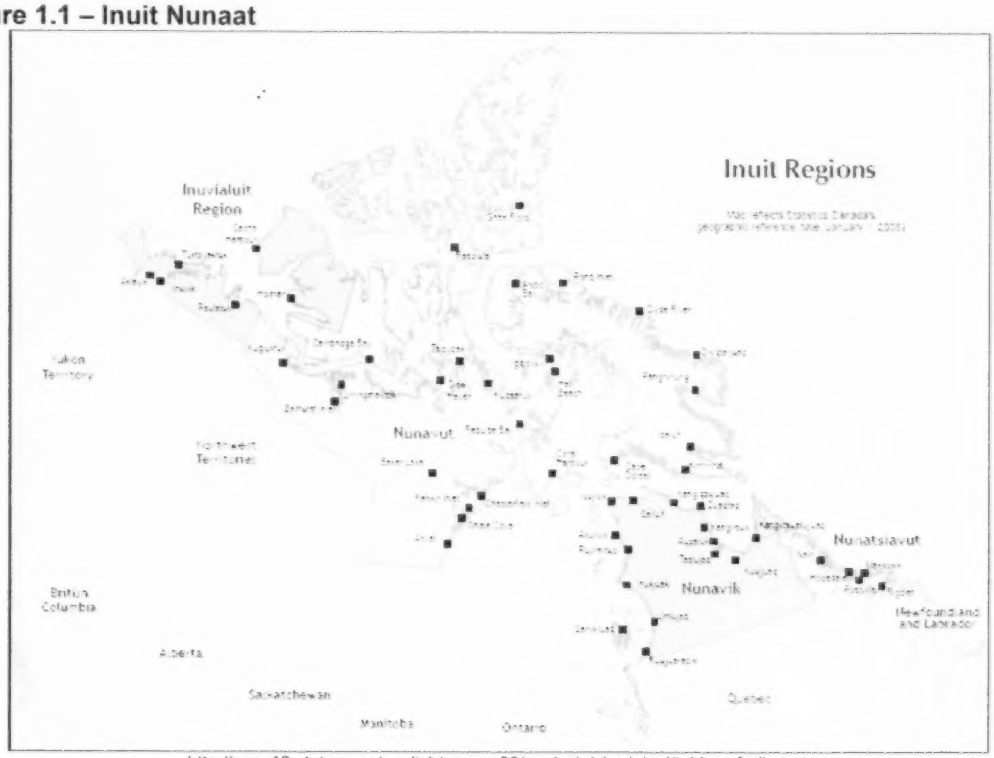
This report focuses on selected social determinants of Inuit[1] health. Information on health status is provided through data on self-reported health and chronic conditions. Determinants such as access to health care, education, housing, harvesting and country food consumption are examined. Contained here are the first findings from the 2006 Aboriginal Peoples Survey (APS) for Inuit children aged 6 to 14 and Inuit adults aged 15 and over. In the text of the report, comparative statements are made only where differences were significant at the 5% level.

1 Profile of the Inuit population[2]

Inuit are the original inhabitants of the far north of what is now known as Canada and have lived there for thousands of years. They are one of three groups of Aboriginal peoples as defined by the *Constitution Act*, 1982. They are distinct from First Nations peoples and Métis with their own unique heritage, language and culture.

Today, most Inuit live in one of fifty-two communities across the north in an area known as Inuit Nunaat – the Inuit homeland. Inuit Nunaat is comprised of four regions created through the signing of land claims agreements and from west to east includes the Inuvialuit Region in the Northwest Territories[3], Nunavut, Nunavik north of the 55th parallel in Quebec and Nunatsiavut in northern Labrador (Inuit Tapiriit Kanatami, 2008).

Figure 1.1 – Inuit Nunaat



http://www12.statcan.ca/english/census06/analysis/aboriginal/tables.cfm#maps

1. Inuit of the Western Arctic are known as "Inuvialuit". In this report, the term Inuit includes Inuvialuit.
2. All data in section 1 are from the Census. Census counts have been used to describe the number of Inuit in Canada rather than the counts from the Aboriginal Peoples Survey (APS) for consistency with previously released Census data. Please refer to the *APS Concepts and Methods Guide* for a detailed explanation of the relationship between the APS and the Census (catalogue number 89-637-X). For more information on the size, growth, housing and language situations in each of these regions, please see *Aboriginal Peoples in Canada in 2006: Inuit, Métis, and First Nations, Census, 2006*, catalogue no. 97-558-XIE.
3. While the town of Inuvik falls outside of the Inuvialuit Settlement region, in this report, the Inuvialuit Region includes those in Inuvik because of the large number of land claim beneficiaries living in the town.

In 2006, the census counted a total of 50,485 Inuit living in Canada with over three quarters (78%) residing in Inuit Nunaat. The region with the largest Inuit population was Nunavut, home to 24,635 Inuit who accounted for about one-half of the total Inuit population in Canada. Nunavik was home to 9,565 Inuit, or 19% of the total Inuit population. The Inuvialuit Region had a population of 3,115 Inuit, accounting for 6% of all Inuit nationally. Nunatsiavut in northern Labrador had a population of 2,160 Inuit or 4% of the total Inuit population. Inuit made up the majority of the population in all four regions.

Approximately 11,000 Inuit lived outside of Inuit Nunaat. The cities with the largest Inuit populations outside Inuit Nunaat were Ottawa-Gatineau, Yellowknife, Edmonton and Montreal.

The Inuit population is young, with a median age of 22 years, compared with 39 years for the total Canadian population (the median age is the point where exactly one-half of the population is older and the other half is younger). Large percentages of Inuit are in the youngest age groups. In 2006, 12% of the Inuit population was aged 4 and under, more than twice the proportion of 5% for the total Canadian population.

According to the 2006 Census, a growing percentage of the Inuit population is made up of seniors aged 65 and over. However, it remains small compared with the total Canadian population; only 4% of the Inuit population consisted of seniors, compared with 13% of the total Canadian population.

Table 1.1
Age distribution and median age, Inuit population by region, 2006

Age group	All Inuit in Canada	Total, Inuit Nunaat	Nunatsiavut	Nunavik	Nunavut	Inuvialuit Region	Outside Inuit Nunaat
	percentage						
Total - Age groups	**100**	**100**	**100**	**100**	**100**	**100**	**100**
0 to 14 years	35	37	27	39	38	30	28
15 to 24 years	21	21	22	21	21	22	21
25 to 64 years	40	39	46	37	38	43	45
65 years and over	4	3	5	3	3	5	6
Median age (years)	**22**	**21**	**26**	**20**	**20**	**24**	**26**

Note: The median age is the point where exactly one-half of the population is older and the other half is younger.
Source: Statistics Canada, Census, 2006

2 A determinants of health approach

There is wide-spread acceptance in Canada and internationally that health is more than the absence of illness. Health outcomes are influenced by many factors or determinants. The Public Health Agency of Canada (2001) has developed 12 determinants of health categories. These are:

- income and social status,
- social support networks,
- education and literacy,
- employment / working conditions,
- social environments,
- physical environments,
- personal health practices and coping skills,
- healthy child development,
- biology and genetic endowment,
- health services,
- gender, and
- culture.

It has been stated that, "Inuit take a holistic view of health. Inuit have long known that, to be healthy, we need healthy environments, education and employment opportunities, adequate, safe housing and social supports as well as access to health care systems" (Inuit Tapiriit Kanatami, 2004a). Recent research has focused specifically on determinants of Inuit health. An outcome of a 2005 workshop in Nunavut resulted in the specification of 11 determinants of Inuit health (as outlined in Inuit Tapiriit Kanatami, 2007a). These were:

- acculturation (changes experienced by a culture as a result of contact with another),
- productivity (which in this case includes harvesting traditional foods, sewing, paid and voluntary work etc.),
- income distribution,
- housing,
- education,
- food security and nutrition,
- health care services,
- quality of early life,
- addictions,
- social safety nets, and
- the environment[4].

Many of these determinants are very similar to those identified by the Public Health Agency of Canada, while some, such as acculturation, are more specific to Inuit.

Data collected through the 2006 APS do not allow for a thorough examination of all of these determinants. This report focuses primarily on six determinants: access to health care services, addictions as measured by smoking rates, formal education experience, housing conditions, productivity as measured through participation in harvesting activities and food security and nutrition. For a more complete picture of determinants of Inuit health, a host of other variables could be examined. Data on issues such as paid labour activities, income, social support and alcohol consumption, among others, are also available from the survey.

4. These determinants from the Nunavut workshop may not be entirely appropriate for Inuit living in other regions in Canada. However, Inuit Tapiriit Kanatami, the national Inuit organization, has used these to start a discussion on social determinants of Inuit health.

3 Health status of Inuit – some key indicators

An overview of some key health indicators shows significant gaps between Inuit and the total Canadian population. Life expectancy for Inuit in Inuit communities is estimated to be 15 years less than that of other Canadians and may have declined between 1991 and 2001 (Wilkins et. al, 2008). In 2001[5], life expectancy for Inuit in Inuit communities was estimated to be 64.2 years, compared to 79.5 for the total Canadian population. While the infant mortality rate for Inuit in Inuit communities has fallen, it is estimated to be about four times higher than the overall Canadian rate (ibid).

In 2006, the tuberculosis rate for Inuit was 23 times that of the total population of Canada (Public Health Agency of Canada, 2008). The hospital admission rate for lower respiratory tract infections for Inuit children is the highest in the world and is affected by poorly ventilated, crowded homes (Kovesi et. al, 2008).

4 Findings from the Aboriginal Peoples Survey

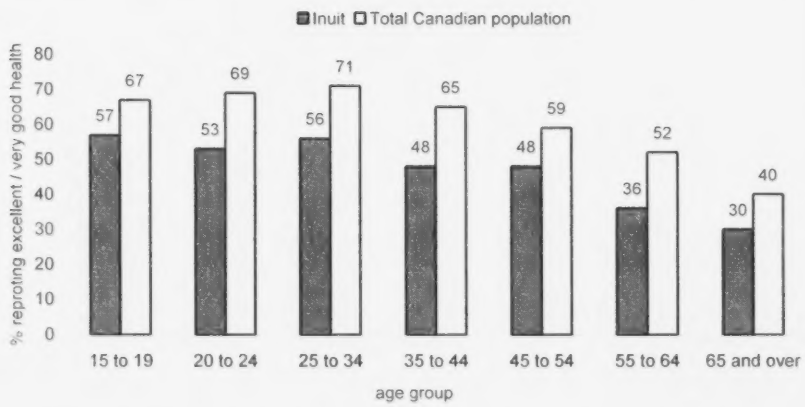
4.1 Health

4.1.1 Self-rated health status

According to the 2006 APS, half of Inuit adults aged 15 and over (50%) stated that their health was excellent or very good[6], down from 56% in 2001[7]. In 2006, Inuit men and women were equally likely to report excellent or very good health. Inuit living outside of Inuit Nunaat (57%)[8], in Nunatsiavut (58%) and in the Inuvialuit Region (55%) were the most likely to report excellent or very good health. This was followed by Nunavut (48%) and Nunavik (39%).

For adults in all age groups, Inuit were less likely to report excellent or very good health than were those in the general Canadian population (chart 4.1).

Chart 4.1
Excellent or very good self-rated health, Inuit and total Canadian population by age group, 2005/2006



Sources: Statistics Canada, Aboriginal Peoples Survey, 2006 and Canadian Community Health Survey, 2005

5. Most recent estimate available.
6. Based on the question, "In general, would you say that your health is excellent, very good, good, fair or poor?"
7. In 2001, the community of Hopedale, Labrador did not participate in the survey and data for this community are not included in the 2001 Aboriginal Peoples Survey (APS) comparison figures. The population of the community is very small and national level comparisons with 2006 APS data are not affected.
8. As the Aboriginal Peoples Survey, 2006 was not conducted on reserve in the provinces, "Outside Inuit Nunaat" excludes a small number of Inuit living in these First Nations communities.

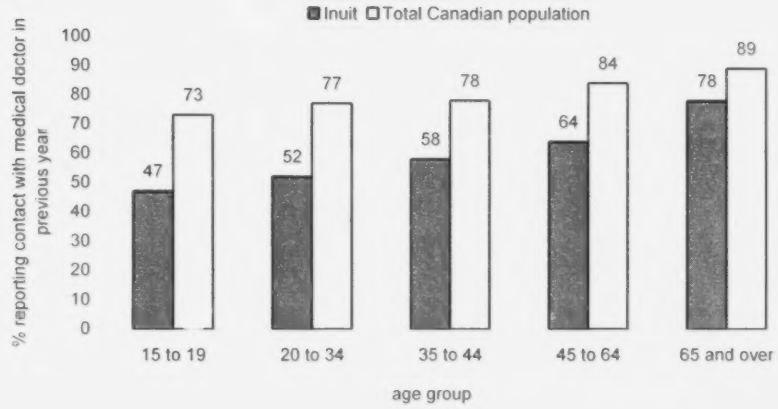
Nearly three-quarters (74%) of Inuit children aged 6 to 14 were reported to be in excellent or very good health, about the same as in 2001. The differences from one Inuit region to the next were not significant. However, Inuit children living in Inuit Nunaat were less likely to be in excellent or very good health than were Inuit children living outside Inuit Nunaat (72% compared with 83%), perhaps due in part to easier access to health care.

4.1.2 Health care access

Inuit, especially those living in Inuit Nunaat may face challenges in accessing the health care system (Romanow, 2002). None of the 52 Inuit communities have year-round road access and only a few have hospitals. The others are serviced by health centres staffed by nurses. For treatment requiring physicians or for appointments with medical specialists, Inuit must be flown out of their community and weather conditions often delay the departures of these flights (Inuit Tapiriit Kanatami, 2004a). Access to diagnostic testing is more limited in Inuit communities. In addition, some Inuit do not speak English and require translation services (Archibald and Grey, 2000, Nunavut Social Development Council, 2004).

Inuit were much less likely than people in the general population to have seen or talked on the phone with a medical doctor in the past 12 months[9]. While 56% of Inuit adults had contact with a medical doctor in the past 12 months, the figure for adults in the total Canadian population was 79% (after age standardizing)[10]. Inuit adults in all age groups were less likely than those in the total Canadian population to have had contact with a doctor (chart 4.2).

Chart 4.2
Contact with a medical doctor in the past 12 months, Inuit and total Canadian population by age group, 2005/2006



Sources: Statistics Canada, Aboriginal Peoples Survey, 2006 and Canadian Community Health Survey, 2005

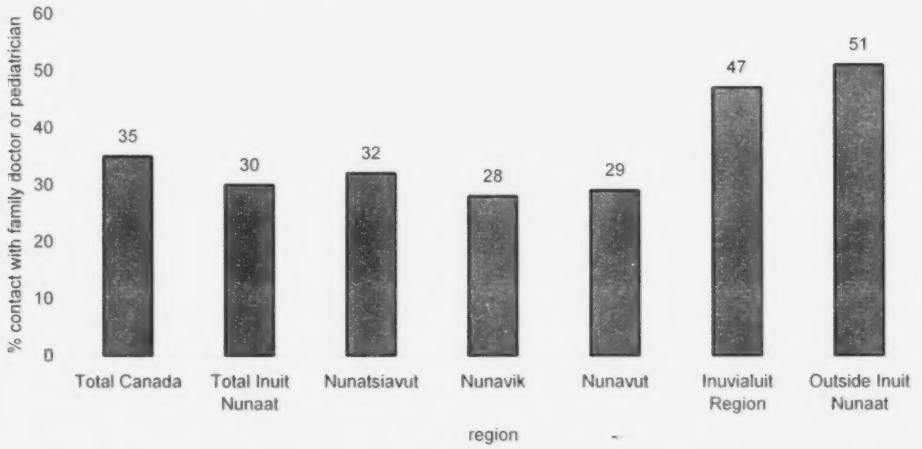
9. Medical doctor includes family doctor or general practitioner and specialists such as surgeons, allergists and orthopedists.
10. Age standardizing is a technique used to make percentages for the Inuit population, which is very young, comparable to those for the total Canadian population, which is much older. It is important to consider the different age structures of these two populations when analyzing and interpreting Aboriginal Peoples Survey data. Figures have been standardized to the Inuit age structure.

About half of adults living in Inuit Nunaat (49%) had contact with a doctor in the past year compared to about three quarters (73%) of Inuit outside Inuit Nunaat. Inuit adults in Nunatsiavut (44%) and Nunavut (47%) were less likely to have seen or talked on the phone with a doctor than those in Nunavik (54%) and the Inuvialuit Region (59%).

In contrast, Inuit were much more likely to have contact with a nurse in the previous year. In Inuit Nunaat, 70% of Inuit adults reported contact with a nurse compared to 39% of Inuit living outside the region.

In 2006, over one-third (35%) of Inuit children aged 6 to 14 had contact[11] with a pediatrician, general practicioner or family doctor[12]. In Nunatsiavut, Nunavik and Nunavut, about three in 10 Inuit children had contact. In the Inuvialuit Region, the figure was higher at 47%, about the same as that for Inuit children outside Inuit Nunaat (51%) (chart 4.3).

Chart 4.3
Inuit children aged 6 to 14 who had contact with a pediatrician or general practicioner in the past 12 months by region, 2006



Source: Statistics Canada, Aboriginal Peoples Survey, 2006

About one-quarter of Inuit children (26%) were reported to have had contact with a medical specialist such as an orthopedist, eye specialist, psychiatrist or chiropractor[13]. In Inuit Nunaat, 50% of Inuit children had contact with a nurse in the previous year, compared to 22% of Inuit children living outside this region.

11. The Aboriginal Peoples Survey did not contain a question for children aged 6 to 14 that focused on unmet health care needs.
12. Comparable data for all children of the same age are not available for 2006.
13. Comparable data for all children of the same age are not available for 2006.

Nationally, about 10% of all Inuit adults stated there had been a time in the past year when they required health care but didn't receive it[14]. While no significant differences were found between the percentages for Inuit living in Inuit Nunaat and Inuit living outside of this region, the reasons for not receiving care differed[15]. For Inuit outside Inuit Nunaat, the most frequent reason given was long wait times. In Inuit Nunaat, this was also a frequent response but a similar percentage of Inuit also stated that they did not receive care because it was not available in the area or at the time required.

Some Inuit are required to leave their communities for extended periods of time for medical care. Accessing health services outside the community often means time away from families and social support as well as added financial burden (Inuit Tapiriit Kanatami, 2004a). The Aboriginal Peoples Survey data showed that 5% of Inuit adults in Inuit Nunaat stated that during the year 2005, they had been temporarily away from their home for one month or more due to illness. The figures between Inuit men and women were not statistically significant nor were figures from one Inuit region to the next.

4.1.3 Chronic conditions

In 2006, 44% of Inuit adults reported being diagnosed with one or more chronic conditions[16], up from 34% in 2001. More research could point to reasons behind this increase.

Chronic conditions most commonly reported by Inuit adults were arthritis / rheumatism (13%) and high blood pressure (12%) (table 4.1). These figures were about the same as those for the total Canadian population after age standardizing.

Inuit outside Inuit Nunaat (20%) were more likely than those living elsewhere to report being diagnosed with arthritis or rheumatism while Inuit adults in Nunavik (6%) were the least likely to report being diagnosed with this condition. Part of this difference could be attributed to the fact that seniors make up a larger percentage of the Inuit population living outside Inuit Nunaat. Census data from 2006 show that seniors made up 6% of the Inuit population living outside Inuit Nunaat compared to 3% of the population in Inuit Nunaat.

Table 4.1
Most commonly reported chronic conditions diagnosed by a health professional, Inuit population aged 15 and over, 2006

Region	Arthritis / Rheumatism	High blood pressure	Asthma	Stomach problems or intestinal ulcers
	percentage			
Total, Canada	**13**	**12**	**9**	**8**
Total, Inuit Nunaat	**10**	**11**	**6**	**6**
Nunatsiavut	12	19	10	4 [E]
Nunavik	6	10	4 [E]	5
Nunavut	11	11	6	7
Inuvialuit Region	13	12	8	8
Outside Inuit Nunaat	20	14	14	11

Source: Statistics Canada, Aboriginal Peoples Survey, 2006

14. Comparable data for the total Canadian population are not available.
15. The missing data (don't know / refusal / not stated) rate to this question was 31% nationally.
16. Chronic conditions were those that had lasted or were expected to last six months or more.

Among the total Canadian population, diabetes is one of the fastest growing diseases (Health Canada, 2004). In 2006, 4% of Inuit had been diagnosed with diabetes, about the same as the figure for the total Canadian population after age standardizing. The figure for Inuit has increased from 2% in 2001.

Among all Inuit children aged 6 to 14 the most widely reported chronic conditions were ear infections, allergies and asthma[17]. Inuit children living outside Inuit Nunaat were more likely to be diagnosed with allergies and asthma than Inuit children living in Inuit Nunaat (table 4.2).

Table 4.2
Selected diagnosed chronic conditions, Inuit children aged 6 to 14, 2006

Region	Ear infections or problems	Allergies	Asthma
	percentage		
Total, Canada	**15**	**10**	**7**
Total, Inuit Nunaat	**16**	**9**	**4** [E]
Nunatsiavut	19	19	5 [E]
Nunavik	13	5 [E]	x
Nunavut	17	9 [E]	4 [E]
Inuvialuit Region	9 [E]	11	7 [E]
Outside Inuit Nunaat	10 [E]	16	17

Source: Statistics Canada, Aboriginal Peoples Survey, 2006

4.1.4 Smoking

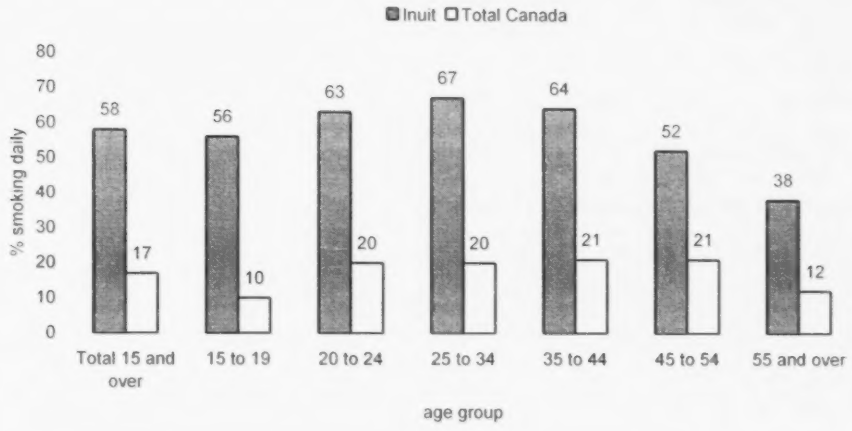
Lung cancer rates among Inuit in Canada are the highest in the world (Circumpolar Inuit Cancer Review Working Group, 2008) and high smoking rates are likely a contributing factor.

More than half (58%) of Inuit adults smoked on a daily basis[18], with another 8% smoking occasionally. The percentage of Inuit smoking daily was over three times that of all adults in Canada (17%) (Canadian Community Health Survey, 2005). Figures for Inuit remained relatively unchanged from 2001. In 2006, Inuit men and women were equally likely to be daily smokers.

Inuit adults of all ages were much more likely to smoke on a daily basis than were those in the total Canadian population (chart 4.4).

17. Comparable data for all children of the same age are not available for 2006.
18. Based on the question: "At the present time, do you smoke cigarettes daily, occasionally or not at all?"

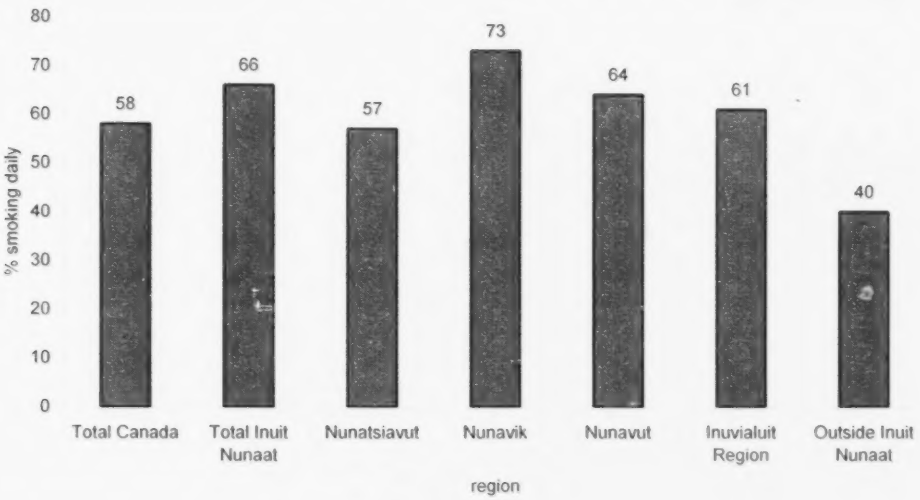
Chart 4.4
Daily smokers among Inuit and total Canadian population aged 15 and over, 2005/2006



Sources: Statistics Canada, Aboriginal Peoples Survey, 2006 and Canadian Community Health Survey, 2005

There was some variation in the daily smoking figures by region. Inuit adults living outside Inuit Nunaat were the least likely to smoke daily (40%) while Inuit in Nunavik were the most likely (73%). Differences between the remaining three Inuit regions were not statistically significant from each other (chart 4.5).

Chart 4.5
Daily smokers, Inuit population aged 15 and over by region, 2006



Source: Statistics Canada, Aboriginal Peoples Survey, 2006

4.1.5 Dental health of Inuit children

Dental health and overall physical health are closely related. For the Canadian population, there is a link between poor oral health and diabetes and some respiratory diseases, especially among seniors (Health Canada, 2008). Some research has pointed to a possible link to premature and low birth weight babies (Ibid). Many communities in Inuit Nunaat do not have a resident dentist. Instead, dentists from southern Canada fly into the communities on an irregular basis. Often, only the most serious cases are seen due to time limitations. People must be flown out of the community for treatment and for dental emergencies (Nunatsiavut Government, 2008).

Just over six in 10 (63%) Inuit children aged 6 to 14 were reported to have received dental care in the past 12 months[19]. Children in the Inuvialuit Region and Inuit children living outside Inuit Nunaat were the most likely to have received dental care in the past year (79% and 77%). At the other end of the spectrum, children in Nunatsiavut were the least likely (38%) to have received dental care. In Nunavik[20] and Nunavut, the figure was about 6 in 10 (62% and 57%).

4.2 Housing

4.2.1 Crowding and repair issues

The link between adequate housing and good health is strong - crowded homes can lead to a host of physical and mental health problems (Chief Public Health Officer, 2008). Inuit face a number of housing challenges. A lack of affordable housing contributes to crowded living conditions. In addition, as most communities have no homeless shelters and as extreme winter temperatures make living outside dangerous, some Inuit are taken into the homes of family and friends that may already be crowded (Inuit Tapiriit Kanatami 2007d).

According to the 2006 Census, 31% of all Inuit in Canada lived in crowded homes (homes with more than one person per room)[21], compared to 3% of the total population in the country. Nearly four in 10 Inuit in Inuit Nunaat lived in crowded conditions. Among Inuit children under the age of 15, 40% lived in crowded homes, about six times the proportion of 7% among all children in Canada (Statistics Canada, 2008).

Overcrowding and extreme weather conditions result in significant wear and tear on homes in Inuit Nunaat. The cost of building and repairing homes in Inuit Nunaat is high. For example, in Nunavik, it has been estimated that the cost of making major repairs to one house is $150,000 on average, 50% higher than in southern Canada (Inuit Tapiriit Kanatami, 2007d). The construction season is short and most materials must be shipped from the south by barge due to lack of road access. Maintenance and heating costs are also high (National Aboriginal Health Organization, 2008).

Census information shows that nearly three in 10 Inuit (28%) reported living in homes requiring major repairs[22], compared with 9% of the total population in Canada. In Inuit Nunaat, 31% of Inuit lived in homes in need of major repairs.

19. Comparable data for all children of the same age are not available for 2006.
20. The missing data (don't know / refusal / not stated) rate for this question for Nunavik (10%) was higher than in other regions.
21. Not counted are bathrooms, halls, vestibules and rooms solely used for business purposes.
22. Major repairs refer to the repair of defective plumbing or electrical wiring, structural repairs to walls, floors or ceilings, etc.

4.2.2 Home ownership and subsidized housing

While housing tenure is not considered a determinant of health, the APS does provide information that leads to a better understanding of the Inuit housing situation. At the national level, most Inuit rent their homes. Most Inuit live in subsidized housing. In Inuit Nunaat, 75% of those who rented lived in social, public or government assisted housing[23].

In 2006, 64% of all Inuit aged 15 and over were renters, while for Inuit Nunaat this increased to 73%. Rates of Inuit home rental were highest in Nunavik (95%), followed by Nunavut (71%), the Inuvialuit Region (59%) and Nunatsiavut (29%). Outside Inuit Nunaat, 42% of Inuit rented their homes.

The majority of Inuit who were renters (64%) indicated that they would like to own their own homes. In Nunatsiavut and outside Inuit Nunaat, most Inuit renters wanted to own their own homes (88% and 84% respectively) followed by about three-quarters (74%) of Inuit in the Inuvialuit Region. Percentages for Nunavut and Nunavik[24] were lower (59% and 54%).

In Nunavut, Nunavik and the Inuvialuit Region, the main reason Inuit gave for not owning a home was because the cost was too high[25]. In Nunatsiavut, two main reasons were given – high cost and no housing available for purchase in the community (table 4.3).

Table 4.3
Selected reasons for not owning a home by adult Inuit renters who would like to own, by region

Region	Cost too high	Difficult to finance	No housing available in community
	percentage		
Total, Canada	**56**	**19**	**6**
Total, Inuit Nunaat	**55**	**18**	**7**
Nunatsiavut	35	x	31
Nunavik	58	13	9
Nunavut	56	20	6
Inuvialuit Region	44	28	x
Outside Inuit Nunaat	58	24 [E]	x

Source: Statistics Canada, Aboriginal Peoples Survey, 2006

23. The missing data (don't know / refusal / not stated) rate to this question in Inuit Nunaat was 13% and 11% overall.
24. The missing data (don't know / refusal / not stated) rate for this question for Nunavik (13%) was higher than in other regions.
25. The missing data (don't know / refusal / not stated) rate for this question was 12% nationally.

4.3 Formal education

4.3.1 Indicators of success in the formal education system

In recent years, more and more Inuit have been completing high school and moving on to post-secondary studies. However, many leave the school system without a high school diploma (Inuit Tapiriit Kanatami and Indian and Northern Affairs Canada, 2006). Data from the 2006 Census show that one half (51%) of Inuit aged 25 to 64 had not completed high school. However, about one-third (36%) had a postsecondary diploma, degree or certificate. About 4% had a university degree, an increase from 2% in 2001, but still much lower than the percentage in 2006 for the total Canadian population aged 25 to 64 (23%). Among Inuit, 17% had a college diploma while 13% had a trades certificate. (Statistics Canada, 2008a).

4.3.2 Inuit[26] teachers and the use of the Inuit language in the classroom

Among those aged 15 and over who had gone to school in the past[27], nearly four in 10 (38%) indicated that they had an Inuk teacher in their final year of school (table 4.4). This was more likely among younger Inuit as about half (48%) of those aged 15 to 24 had an Inuk teacher in their last year of school compared to 14% of those aged 45 to 64. The figure for Inuit aged 65 and over was too small to be expressed. Regionally, figures ranged from 65% in Nunavik to 15% outside Inuit Nunaat[28].

Table 4.4
Inuit language and Inuit teachers in the last year of elementary or high school, Inuit population aged 15 and over, 2006

Region	Had an Inuk* teacher in last year of elementary or high school	Were taught Inuit language in last year of elementary or high school	Teacher taught in Inuit language in last year of elementary or high school
	percentage		
Total, Canada	**38**	**42**	**39**
Nunatsiavut	32	27	26
Nunavik	65	71	64
Nunavut	48	61	54
Inuvialuit Region	29	25	25
Outside Inuit Nunaat	15	10 [E]	10 [E]

* May include a small number of Inuit reporting a non-Inuk Aboriginal teacher.
Source: Statistics Canada, Aboriginal Peoples Survey, 2006

In addition, 42% indicated that they had been taught the Inuit language[29] in their last year of school. This figure was highest in Nunavik (71%) and was higher for those in the younger age groups. Finally, 39% of Inuit adults indicated that they had a teacher in their final year who had taught in the Inuit language[30]. Again, this was most commonly reported in Nunavik (64%) and by younger Inuit.

26. May include a small number of Inuit reporting a non-Inuk Aboriginal teacher.
27. Data are for those not attending school at the time of the survey.
28. The region in which the respondent completed their last year of elementary or secondary school may not always correspond to where they lived at the time of the survey.
29. The term "Inuit language" includes dialects of Inuktitut, Inuvialuktun, and Inuinaqtun.
30. The questions upon which this information is based ask if the respondent was taught an Aboriginal language or taught in an Aboriginal language. The Aboriginal language spoken by the large majority of Inuit is the Inuit language. However, a very small number of Inuit being taught in another Aboriginal language could be included here.

4.3.3 Early childhood or preschool attendance

Attending an early childhood or preschool program, especially one designed for Inuit children, can help provide children with a strong foundation for their future educational endeavors (Inuit Tapiriit Kanatami, 2007c). Nationally, 56% of Inuit children aged 6 to 14 had attended an early childhood development or preschool program[31]. Of these, 59% had been in a program designed specifically for Aboriginal children, such as Aboriginal Head Start[32,33].

Inuit children in Nunatsiavut were more likely than those in other Inuit regions to have attended preschool programs (81%). This was followed by Nunavut and the Inuvialuit Region (55% and 56% respectively). The figure for Nunavik was lower at 42%. Outside Inuit Nunaat, 68% of Inuit children had attended a preschool program.

4.3.4 Barriers to school completion

Inuit learning has been described as holistic, incorporating culture, families, communities and elders, along with the land and environment (Canadian Council on Learning, 2007). While much learning now takes place in the formal classroom setting, many Inuit today and historically have learned Inuit values, knowledge and skills while spending time on the land and through interaction with parents, elders and others (Inuit Tapiriit Kanatami, 2004b and 2007c). Education systems and curriculum designed in the south may not meet the needs of Inuit students. Negative experiences in residential schools impacted the school outcomes of many Inuit and their children. In addition, many Inuit speak the Inuit language as their first language. Much of their formal schooling is provided in English and this can pose a barrier to some Inuit (National Inuit Youth Council, 2005).

While the Aboriginal Peoples Survey does not contain all of the indicators required to evaluate learning in an Inuit-specific, holistic way, it does provide information that can be used to better understand some factors that can impact school experiences and outcomes.

Inuit adults who did not complete elementary or secondary school were asked why they did not continue[34]. Responses varied for Inuit men and women. For Inuit men, the most common responses were that they wanted to work, were bored with school or they had to work. The most commonly cited reason for Inuit women was pregnancy / taking care of children (table 4.5).

31. Comparable data for all children of the same age are not available for 2006.
32. This is an early childhood development program for Inuit, First Nations and Métis children and their families. The goal is "to demonstrate that locally controlled and designed early intervention strategies can provide Aboriginal children with a positive sense of themselves, a desire for learning, and opportunities to develop fully as successful young people". (Public Health Agency of Canada)
33. The missing data (don't know / refusal / not stated) rate was about 10%.
34. The missing data (don't know / refusal / not stated) rate was about 11%.

Table 4.5
Reasons for not completing elementary or secondary school, Inuit men and women aged 15 and over, 2006

Reason	Men	Women
	percentage	
Wanted to work	18	6
Had to work	14	9
Boredom	18	13
Pregnancy / taking care of children	1 [E]	24
To help at home	7	10
Problems at home	3 [E]	7
No school available / accessible	7	6
School courses too hard / bad results	5	2 [E]
Other	25	20
Not stated	12	11

Note: Figures do not sum to 100% as respondents could provide more than one reason.
Source: Statistics Canada, Aboriginal Peoples Survey, 2006

From one Inuit region to the next, the reasons provided for not completing secondary school were similar.

4.3.5 Residential school attendance of children's relatives

During the second half of the 1900s, a number of Inuit attended federally run hostels[35] located throughout the north. The first of these residential schools in the north was opened in 1951 in Chesterfield Inlet (Aboriginal Healing Foundation, 2006).

It has been stated that, "in order to attend Residential Schools, Aboriginal children were removed from their homes, and often taken far from their families and communities. While at school, children were prevented from speaking their own languages and learning about their culture and heritage. It is not uncommon to hear some former students speak about the positive experiences in these institutions; however, many former students suffered physical and sexual abuse" (Indian and Northern Affairs Canada, 2008a).

The last residential school for Aboriginal children in Canada closed in the 1990s but the impacts will affect many generations of Inuit, their children and their communities (*Where are the Children, 2008*; Aboriginal Healing Foundation, 2002).

35. The federal government did not use the term "residential school" for the day schools and hostels operated by Northern Affairs. However, Inuit children attending federal day schools and those who lived in hostels or were boarded away from home were considered to be residential school students (Aboriginal Healing Foundation, 2006).

The Aboriginal Peoples Survey showed that 16% of Inuit children aged 6 to 14 had parents[36] who reported attending a residential school. Inuit children in the Inuvialuit Region were the most likely to have parents who attended residential school (47%). For each of the other Inuit regions, the figure was 16%[37, 38, 39].

Nationally, nearly half (49%) of Inuit children had parents who had at least one other relative (for example, a mother, grandfather, aunt etc.) or a spouse who had attended residential school. In the Inuvialuit Region, the figure was 77%. In each of the other three Inuit regions, the figure was just over half while outside Inuit Nunaat, it stood at 30%.

4.3.6 Some education initiatives in Inuit regions

There are many examples of projects in Inuit regions aimed at providing a positive school experience for Inuit children and young adults. For example, in Sanikiluaq, Nunavut, a group of high school students learned the skills required to build a house and gained both work experience and high school credits. They worked together with a teacher and carpenter to build a three bedroom home in their community where housing is in short supply (Northern News Service, 2005).

In the community of Ulukhaktok (formerly known as Holman) in the Inuvialuit Region, Inuinaqtun is the only language used in the community childcare centre and children are taught traditional skills and stories of how their ancestors lived (Inuit Tapiriit Kanatami, 2007c).

Another example is the community-based teacher education program in Nunavik that trains student teachers within their home communities. Many of these teachers have gone on to develop curriculum in the Inuit language for the region (Inuit Tapiriit Kanatami, 2007b).

Through the Post-Secondary Student Support Program offered in Nunatsiavut, students are given career guidance and counseling that assists with their transition to post-secondary studies. Students can also stay in Nunatsiavut for an extra year to take college courses, which can be transferred to institutions outside the land claim region (Inuit Tapiriit Kanatami, 2007b).

36. In most cases, the respondent was a parent or guardian but may have been a foster parent, grandparent, other relative etc. In this report, the term "parent" includes guardians and others.
37. For Nunavik, the missing data (don't know / refusal / not stated) rate for this question was 9[E]%.
38. The parent answering on behalf of the child was asked: "Were you ever a student at a federal residential school, or a federal industrial school?" Data reflect the response of the parent of the child aged 6 to 14 answering the survey and do not take both parents into account. The parent may or may not have been the birth parent of the child (for example, they may be adoptive parents or foster parents). The parent was also asked if any of their relatives or their spouse attended residential school.
39. The residential school that the parent attended may not have been in the same region in which they lived during the time of the Aboriginal Peoples Survey.

4.4 Food security and Inuit children

"Nutrition is an input to and foundation for health and development... better nutrition means stronger immune systems, less illness and better health. Healthy children learn better" (World Health Organization 2007). However, the cost of a healthy food basket in some Inuit communities is at least two times higher than a comparable basket in southern Canada (Indian and Northern Affairs Canada, 2008b) while incomes for Inuit are much lower. In 2005, the median income for the total population of Canada aged 15 and over was $25,615 compared to $16,970 for Inuit (Statistics Canada, 2006). In addition, the cost of clothing and other products is higher (Bernard, 2006).

The 2006 Aboriginal Peoples Survey showed that 30% of Inuit children in Canada had at some point experienced being hungry because the family had run out of food or money to buy food[40]. In Nunavut, nearly four in 10 (39%) Inuit children aged 6 to 14 had experienced hunger. One third (33%) of Inuit children in Nunavik and 30% in Nunatsiavut had been hungry because the family had run out of food or money to buy food. Figures were lower in the Inuvialuit Region (12%) and outside Inuit Nunaat (8[E]%).

Nationally, among Inuit children who had experienced hunger, this was not a regular occurrence for one-third (33%). In addition, for 13%, this happened every few months. However, for 24%, it happened regularly at the end of the month while an additional 21% had experienced hunger more than once a month[41].

4.5 The importance of country food

4.5.1 Some context

While many food items imported from the south are available in all Inuit communities today, country foods eaten by Inuit for thousands of years are still widely consumed in their communities. Country food includes seal, caribou, whale, ducks, fish and berries, among other things. The following makes reference to the importance of country food to the Inuvialuit, Inuit of the Western Arctic: "Consuming country foods is important to Inuvialuit identity, and the culmination of a series of cooperative activities – harvesting, processing, distributing and preparing – that require behaving in ways that emphasize Inuvialuit values of cooperation, sharing and generosity" (Inuvialuit Regional Corporation, 2007). In addition to community and cultural benefits, country foods are healthy[42], rich in essential nutrients and low in sugars and unhealthy fats (Makivik Corporation, 2000).

4.5.2 Who is harvesting country food?

Inuit are often required to travel great distances from their communities to hunt and fish for country food and incomes are often not high enough to buy and maintain snowmobiles, boats and other equipment required. Gas prices in the north are also high. Not all families have a hunter and sometimes those that do hunt cannot do so as often as they would like because of time constraints due to work and other commitments (Inuit Tapiriit Kanatami 2007a).

Despite these challenges, in 2005, the majority of adults in Inuit Nunaat (68%) harvested[43] country food. Inuit men were more likely to harvest than were Inuit women (74% versus 62%). The majority of Inuit men and women of all ages reported taking part in harvesting activities (table 4.6).

40. Parents of children were asked, "Has (the child) ever experienced being hungry because the family has run out of food or money to buy food?" If the response was "yes", they were asked how often this happened: more often than the end of each month; regularly, at the end of the month; every few months or; occasionally, not a regular occurrence.
41. The missing data (don't know / refusal / not stated) rate was about 10%.
42. Contaminants such as persistent organic pollutants (PCP's) have been found in country food. However, the nutritional benefits of these foods have been found to be substantial and outweigh the risks (Arnold et. al, 2003).
43. Harvesting includes hunting, fishing and gathering food such as berries, eggs and plants.

Table 4.6
Inuit harvesting country food in 2005 by age group and sex, Inuit Nunaat, 2006

Age group	Total, both sexes	Men	Women
	percentage		
Total, age 15 plus	**68**	**74**	**62**
15 to 24*	60	67	53
25 to 34	72	78	66
35 to 44	73	81	67
45 to 54	74	77	70
55 plus	71	79	61

* For the 15 to 24 year age group, the not stated rate was 16%, much higher than that for other age groups.
Source: Statistics Canada, Aboriginal Peoples Survey, 2006

In each of the four Inuit regions, over six in ten Inuit adults harvested country food in 2005.

4.5.3 Country food consumption

Country food still makes up a large percentage of the fish and meat eaten by many Inuit families. In 2006, 65% of Inuit in Inuit Nunaat lived in homes where at least half of the meat and fish consumed was country food (table 4.7). This was more common in Nunatsiavut (79%) than in the other regions: 66% in Nunavut and the Inuvialuit Region and 59% in Nunavik. The lower figure for Nunavik could be affected by a large percentage of people who responded "don't know" or who did not provide a response (16%).

Table 4.7
Amount of meat and fish eaten in the household that is country food, Inuit adults aged 15 and over, by region, 2006

Amount	Total, Inuit Nunaat	Nunatsiavut	Nunavik	Nunavut	Inuvialuit Region
	percentage				
None	1 [E]	x	x	1 [E]	x
Less than half	27	18	24	29	31
Subtotal, at least half	**65**	**79**	**59**	**66**	**66**
About half	29	40	26	28	28
More than half	37	40	33	38	38
Don't know / not stated	7	x	16	4	x

Note: Figures may not sum to 100% due to rounding.
Source: Statistics Canada, Aboriginal Peoples Survey, 2006

Many Inuit children eat country food on a regular basis. For example, 49% of Inuit children aged 6 to 14 in Canada ate wild meat at least 3 days per week. Inuit children in Inuit Nunaat were much more likely than Inuit children outside the region to eat country food this often (59% versus 12%[E]), likely due in part to the difficulty of accessing country foods outside of Inuit communities. The differences between regions within Inuit Nunaat were not statistically significant.

4.5.4 Sharing country food with others

"A defining characteristic of (Inuit) society, which has served them well, is a deeply engrained ethic of *Ningiqtuq* or sharing" (Berger, 2006). This strong tradition of sharing is reflected in the APS data. The large majority of adults in Inuit Nunaat – about eight in ten – said that they lived in households that had shared country food with others during the previous year. Sharing country food was widespread across Inuit Nunaat – the majority of Inuit adults in each of the four regions reported living in households that shared country food with others.

5 Conclusions and possibilities for future research

The Aboriginal Peoples Survey is one of the few sources of data on the social and economic conditions of Inuit in Canada. As such, there is potential for much research.

This report focuses only on a few determinants of Inuit health: access to health care services, addictions (smoking rates), formal education experience, housing conditions, productivity (participation in harvesting activities) and food security. These were identified as priorities through discussions with a number of Inuit organizations and federal departments. For a more complete picture of determinants of Inuit health, a host of other variables could be examined. Data on issues such as paid labour activities, income and social support and alcohol consumption, among others, are also available from the survey. An examination of all these factors was beyond the scope of this paper.

There is a wide variety of other topics that could be examined using Aboriginal Peoples Survey (APS) data. Some of these include language, use of communication technology, mobility, injuries and activity limitations.

Most of the questions asked on the 2006 APS were asked on the 2001 APS. While a few comparisons over this time period have been made here, future research could examine more of these changes and reasons behind them.

While descriptive statistics have been used here to provide a statistical snapshot of Inuit adults and children aged 6 to 14, more advanced techniques could be used to answer a host of questions important to Inuit, their communities, researchers and policy makers.

6 Acknowledgements

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Appendix A About the Aboriginal Peoples Survey

The 2006 Aboriginal Peoples Survey (APS) provides an extensive set of data about Métis, Inuit, and off-reserve First Nations adults 15 years and over and children 6 to 14, living in urban, rural, and northern locations across Canada. The Aboriginal Peoples Survey was designed to provide a picture of the lifestyles and living conditions of Métis, Inuit, and First Nations peoples in Canada.

The survey was developed by Statistics Canada in partnership with the following national Aboriginal organizations: Congress of Aboriginal Peoples; Inuit Tapiriit Kanatami; Métis National Council; National Association of Friendship Centres; and the Native Women's Association of Canada. The following federal departments sponsored the 2006 APS: Indian and Northern Affairs Canada, Health Canada, Human Resources and Social Development Canada, Canadian Mortgage and Housing Corporation and Canadian Heritage.

The Aboriginal Peoples Survey is a post-censal survey, that is, a sample of about 60,000 people was selected from adults 15 years and over and children aged 6 to 14 living in private households whose response on their 2006 Census questionnaire indicated that they:

- had Aboriginal origins and / or
- identified as North American Indian, Métis and / or Inuit, and / or
- had treaty or registered Indian status and / or
- had Indian Band membership.

Aboriginal people living in Indian settlements and reserves in the 10 provinces were not included in the 2006 APS data collection. In the three territories, all First Nations people were included in the APS target population. Discussions are underway with stakeholders to determine how best to collect data with First Nations communities. Further discussions need to take place with federal partners and First Nations leadership.

The Aboriginal Peoples Survey was conducted between October 2006 and March 2007. Personal interviews were conducted in Inuit communities, the Northwest Territories (except for Yellowknife) and in other remote areas, while telephone interviews were conducted elsewhere. The overall response rate for the APS was 80.1%.

More detailed information about the survey is available in the Aboriginal Peoples Survey *Concepts and Methods Guide* (catalogue number 89-637-X).

Appendix B What you should know about this study

The data source used in this report is the Aboriginal Peoples Survey, 2006. Data are drawn from the adult questionnaire (for those aged 15 and over), the children and youth questionnaire (for those aged 6 to 14) and the Arctic supplement. This supplement was administered to adults aged 15 and over in Inuit Nunaat – the four Inuit regions across the north (see the *Profile of the Inuit population* section 1 for more information on these regions). It contained questions on household and harvesting activities, personal wellness, community wellness and social participation.

The Inuit identity definition was used in this publication. It was possible to report both single and multiple responses to the Aboriginal identity question on the APS (a small percentage of Inuit identified with more than one group). In this report, APS data represent a combination of both the single and multiple Inuit identity populations. Included are Inuit who identified as Inuit only and those who identified as Inuit in combination with Métis and / or North American Indian.

There are some instances where Census data are used in this report. In these cases, the single response Inuit identity population is used. A very small percentage of Inuit (about 2%) identified as belonging to more than one Aboriginal group on the 2006 Census. Census counts have been used to describe the number of Inuit rather than the counts from the APS survey for consistency with previously Census released data. Please refer to chapter 9 of the *Aboriginal Peoples Survey Concepts and Methods Guide* for a detailed explanation of the relationship between the Aboriginal Peoples Survey and the Census (catalogue number 89-637-X).

Data for Inuit children aged 6 to 14 are based on information provided by parents or guardians of approximately 1,300 Inuit children. Information in this report for those aged 15 and over is based on responses from over 5,000 Inuit.

Throughout this report, percentages reported may not add to 100 because missing data (i.e., don't know, refusal, not stated) were included in the calculation of all estimates. In most cases, the proportions of missing data were extremely small, and therefore were generally not reported. Where there were larger percentages of missing data, then these are shown in the text.

In the text of the report, comparative statements are made only where differences were significant at the 5% level. Differences between similar estimates shown in charts and tables may not be significant.

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